

3. A broken collar bone has been held to constitute an emergency justifying immediate treatment without authorization from the county authorities.

*Dykes v. Board of Com'rs.*, supra.

4. Severe burns resulting from an oil explosion and fire were held to create an emergency case requiring immediate treatment.

*County of Madison v. Haskell*, 63 III, App.

Although the above cases are helpful in demonstrating what courts have previously held to constitute emergency cases in various situations, it is impossible to prepare an exhaustive list covering all the cases with which a private hospital might be presented. Whether a given case is in fact an emergency requiring immediate hospitalization is at best a question of fact upon which physicians may differ. In order to avoid the possibility of litigation resulting from the death or other disability of a patient denied admission to the hospital, a private hospital should only refuse admittance to those cases which are clearly and obviously not emergency cases. If there is any possibility that the deprivation of immediate hospitalization will cause the patient to die or suffer aggravation of his injury or illness, he should be admitted to the hospital regardless of who may be the attending physician.

## LETTERS †

### Concerning State Medicine in New Zealand:

January 15, 1945.

Dr. George H. Kress,  
Editor, CALIFORNIA AND WESTERN MEDICINE,  
San Francisco, California.  
Dear George:

The enclosed clipping I just received from some medical friends of mine in New Zealand where they have had State medicine for about five years and they are all very unhappy about it except the politicians and the labor unions and even the latter are disappointed. The medical profession there feel it is all a terrible mistake!

It is too bad that this legislation is being forced upon the medical profession in California while so many of us are in the military service and unable to protect ourselves.

With kindest regards,

(Signed by a C.M.A. Member in Medical Corps.)

1 1 1

### Doctors Paid by State in New Zealand

#### *Government's Intentions Outlined*

The intention of the Government to encourage medical practitioners to work in coöperative groups under a medical service clinic system was mentioned by the Prime Minister, Mr. Fraser, and the Minister of Health, Mr. Nordmeyer, when replying to the discussion on the Social Security Fund estimates in the House of Representatives on Thursday. Mr. Nordmeyer said there was an increasing tendency, particularly among the younger members of the profession, to regard a State salaried medical service favourably.

The methods of paying the doctors were reviewed by Mr. M. H. Oram (Opposition—Manawatu), who urged that the system of requiring the patients to claim the refund of fees from the State should be instituted. He said there had been untold abuses under the system of the fee for service whereby the doctors claimed on the State.

#### *Attitude of Doctors*

The Prime Minister said he failed to see any difference in the opportunities for abuse between patients and doctors claiming on the fund. Owing to a changed attitude among the doctors many more of them were not now charging the patients, but claiming directly on the fund. He believed that the modern system of having clinics

established with specialists working with practitioners would appeal to the profession.

Personally he thought the clinic system would be more efficient and in keeping with modern training. The doctors could be engaged either as employees of the State or be encouraged to establish coöperative clinics. He felt that more importance should be attached to the preventive side of medical treatment and that people should be encouraged to make constant and early consultations so as to prevent the development of diseases.

Referring to the medical services with the forces, Mr. Fraser said the British command had spoken most highly of the personnel and said there were no better hospitals at the front than ours. Mr. Fraser said he believed that many of these doctors, accustomed to getting a salary and not thinking of medical attendance in terms of income, had got a different outlook and would welcome a scheme where they would not be required to compete for a practice and could give their full services to the community.

The Minister of Health said that probably half of the amount paid for medical services was paid to doctors who accepted the 7s 6d for their consultations. He could not favour the suggestion of reverting to the system of making the patients claim, as it would penalize those now getting free service irrespective of which system was used to pay the doctors. The standard of service depended on the nature and character of the doctors themselves.

Under the present taxation incidence, continued Mr. Nordmeyer, if a doctor received income more than £3700 a year, then for every additional £1000 he earned he received only £100. In other words, for each extra consultation over and above that £3700 he received only ninepence. Those doctors who were drawing high incomes could not possibly give their patients the service they should, but that was largely due to the circumstances that many of our medical men were serving with the forces.

Many of the civilian doctors were greatly overworked, said the Minister, in citing instances. He also believed that many of the younger members of the profession were prepared to consider a salary service scheme through which they could get postgraduate studies, annual holidays and a superannuation scheme.

"We are working out a salary scheme today for those who are willing to come into it," said the Minister.

#### *Refugee Practitioners*

Mr. P. Carr (Government—Auckland West) praised the work of a number of refugee doctors, who, he said, had stepped into the breach when New Zealand doctors were unable to attend patients. He hoped the Opposition would not start out on a heresy hunt against them with the object of driving them out of the country.

The Prime Minister said that if some doctors were receiving £10,000 a year it would be a good thing both for the public and the doctors if the position were looked into.

Mr. Nordmeyer said there was no foundation for the statement that a refugee doctor was earning £5000 a quarter, nor were any refugee doctors earning more than £10,000 a year.

The Leader of the Opposition, Mr. Holland: But some doctors are getting more than £10,000.

The Minister said that it would be improper for him to give the incomes of a small group whereby it might be possible to identify them.—The *Weekly News*, Auckland, New Zealand, October 11, 1944.

### Concerning Medical Journals and Books sent by C.M.A. Postgraduate Committee Hospital Stations of Military Camps in California\*:

(COPY)

STATION HOSPITAL

CAMP CALIAN

San Diego 14, California

November 7, 1944.

Dear Dr. Kress:

Thank you for your letter of October 31, 1944, regarding medical literature. Three packages mailed by you arrived and we wish to thank you for the magazines,

\*Recently, the C.M.A. Postgraduate Committee sent, prepaid, to Hospital Stations of military camps located in California, a total of 118 packets of medical journals and books, having total weight of 2,638 pounds. All Hospital Stations of military camps in California have also been placed on the complimentary mailing list of CALIFORNIA AND WESTERN MEDICINE.

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

the two copies of "Social Security" and the Year Book on Radiology. Some of these magazines we already have, yet we will be able to use whatever you send.

I wish to express the appreciation of every medical officer here, as well as that of myself, for this splendid contribution. It is nice to feel that the California Medical Association is keeping the welfare of its members in mind who may be stationed within or without the United States. It is promoting the finest spirit of coöperation and will aid materially in helping the work which we do at this hospital.

I wish to thank you for your offer of the loan of library material and I can assure you that we will be happy to avail ourselves of it.

Gratefully and fraternally yours,

(Signed) MERLE S. HARMON,  
Lt. Col., MC.  
Post Surgeon.

(COPY)

ARMY SERVICE FORCES  
NINTH SERVICE COMMAND  
Headquarters Mitchell Convalescent Hospital  
Camp Lockett, California

C.M.A. Postgraduate Committee,  
San Francisco, California.

Gentlemen:

We wish to express our appreciation for your offer of sending medical books and journals for the use of this station.

These books, when received, will be distributed to the members of our staff, and I feel certain that they will no doubt be interested in them.

We also wish to thank you for your having placed this station on the complimentary mailing list for your official journal, CALIFORNIA AND WESTERN MEDICINE.

The staff will also be advised of your offer for loans of material from the medical libraries in California, which you listed in your letter of October 31, 1944.

For the Commanding Officer:

DONALD GREELY,  
Major, Infantry,  
Adjutant.

#### Concerning Proposal to Lower Medical Licensure Laws in California\*:

(COPY)

P. M. SAVAGE, M.D., F.A.C.S.  
San Bernardino, California

Dear Dr. Kress:

I wish to add my protest against the proposed plan of allowing all ex-army doctors to practice medicine in California upon a reciprocity basis.

We have sent some 40 doctors from our city alone—two of them my own sons—into the service. Myself and many of the other older men are hanging on and continuing the practice of medicine for two reasons only. One is that we feel it our patriotic duty and the other is to have a going practice to hand over to them when they return. If we over-supply California with doctors from other states we will be absolutely betraying a trust to our own men.

Thank you for your alertness in discovering and stopping this unjust procedure.

With kindest personal regards, I am,

Sincerely yours,  
(Signed) PHILIP M. SAVAGE, M.D.

\* For discussion of this problem, see CALIFORNIA AND WESTERN MEDICINE, for October, on pages 179 and 211.

#### Concerning "C. and W. M.," in Military Camps:

(COPY)

Dear Doctor:

Have been at this station 6 months doing ENT chiefly, as well as some of the minor eye work. We are more than busy and are definitely short-handed as far as doctors are concerned.

CALIFORNIA AND WESTERN MEDICINE that I receive is very much enjoyed by me, and by many of the men from the other States who read it, and praise its quality.

Kindest personal regards,

(Signed) RUSSELL FLETCHER.

#### Concerning Costs of Bubonic Plague Control\*:

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

Dear Doctor Kress:

In answer to your letter of September 18, attached is a statement of expenditure of funds for plague control for the present biennium and the tentative budget for the coming biennium.

It is quite likely that a large amount of the funds requested for the coming biennium will be diverted to mosquito abatement as related to malaria control. I should say, roughly, one-half of the funds will be used in this way, should they be made available.

Very sincerely yours,

WILTON L. HALVERSON, M.D.,  
Director of Public Health.

#### Concerning Increased Costs of Malpractice Insurance:

(COPY)

San Francisco 4, November 18, 1944

Dear \_\_\_\_\_:

Your letter of November 10, 1944, addressed to Dr. George H. Kress, Secretary of the Medical Society of the State of California has been referred to us. My only suggestion with respect to the increased costs of malpractice insurance offered by Lloyds of London is that you might investigate the rates charged by other companies issuing malpractice policies. In addition to Lloyds of London which uses the standard form of malpractice policy approved by us, we have also examined and found satisfactory the policies issued by the Aetna Casualty & Surety Company and by the Medical Protective Society of Fort Wayne, Indiana. Policies issued by any one of these three companies would be satisfactory.

With respect to Dr. \_\_\_\_\_ who is in the military service, it has been our advice and recommendation that doctors in military service continue to carry malpractice insurance because of the possibility of malpractice action by an injured patient. The fact that a doctor may be in the military service does not absolve him from claims based on negligence which could be made by a soldier, sailor or other member of the military service treated by the doctor. Accordingly, we believe that Dr. \_\_\_\_\_ should have malpractice insurance.

In your letter you ask whether you should continue to carry insurance on Dr. \_\_\_\_\_. We assume that you do not mean insurance covering malpractice actions against the Clinic arising out of the acts of Dr. \_\_\_\_\_ while in the military service. We do not believe that insurance of this type would be necessary.

If you have any further questions, please feel free to call on us.

Very truly yours,

(Signed) HARTLEY F. PEART.

\* For article on incidence of bubonic plague, see CALIFORNIA AND WESTERN MEDICINE, for October, 1944, on page 218.